



Colorado Department
of Public Health
and Environment

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
4300 CHERRY CREEK DRIVE SOUTH
DENVER, COLORADO 80246

**COLORADO HEALTHCARE-ASSOCIATED INFECTIONS
ADVISORY COMMITTEE
July 26, 2016**

Note: These minutes are a summary of the proceedings and motions of the July 26, 2016 meeting of the Colorado Healthcare-Associated Infections Advisory Committee.

<u>CALL TO ORDER</u>	Tara Janosz called the July 26, 2016 Colorado Healthcare-Associated Infections Advisory Committee (CHAIAC) to order at approximately 2:07 p.m. at the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado, 80246.
<u>MEMBERS (in person)</u> (via teleconference)	Ann Kokish, Colleen Casaceli, Tara Janosz, Renee Peters, and Peggy Sabell (Via tele) Heather Young, Katie Cary, Paul Hill
CDPHE STAFF	Tamara Hoxworth, Dale Spencer, Carolyn Elliott, Rosine Angbanzan, Karen Strott, Wendy Bamberg, Helen Johnston, April Burdorf, and Alana Cilwick
Non CDPHE STAFF	Deanna Curry, Telligen, Teri Huelet, CHA
<u>APPROVAL OF MINUTES</u> Tara Janosz	Motion to approve minutes by Tara Janosz and seconded by Colleen Casaceli Motion Approved
<u>COMMITTEE BUSINESS</u> Tara Janosz	Tara attended the APIC meeting on July 15th and shared the new CAUTI reporting requirement voted on and passed by committee last month. APIC members voiced concern about conferring rights to the state, they wondered if they would be jeopardizing patient confidentiality and their own institutions data. Members asked what the collected data would be used for and how it would benefit their facility. Many IPs feel the NHSN definition of a CAUTI is so poor, they do not have a lot of confidence in the way CAUTI is measured, thus how accurate is the data?

<p><u>Committee Discussion</u></p> <p>Committee member Katie Cary suggested a messaging change when notifying facilities of changes to state reporting requirements, concentrating on how the additional data could be of value to facilities and their patients especially when trying to understand pathogens and antimicrobial stewardship issues. Tamara will be attending the next APIC meeting with a rationale for state collection of CAUTI data.</p> <p>Heather Young wanted to discuss the reporting of complex SSIs and superficial SSIs and stated that some states only required the reporting of complex SSIs. She said that CMS base their reimbursement only on the complex SSIs so perhaps it might be a good to discontinue the reporting of superficial SSIs. Committee agreed to discuss further at next committee meeting.</p> <p>Committee discussed what role or direction it would like to take with adoption of the new Statute. Committee members felt it was important to act as a liaison to its community partners and that it was important to expand upon its advisory role and to focus on providing education and guidelines to ensure HAI prevention in all areas of patient care.</p> <p><u>PROGRAM UPDATES</u></p> <p>Helen Johnston</p> <p>Helen presented the Council of State and Territorial Epidemiologists (CSTE) position statement: Interfacility Communication to Prevent and Control Healthcare-Associated Infections and Antimicrobial Resistant Pathogens across Healthcare Settings. The statement was updated with greater detail and specificity of the public health impact of interfacility communication on efforts to prevent and control healthcare associated infections, including factors affecting sending facilities, receiving facilities, and delineating the impact on immediate needs to contain the spread of organisms within facilities as well as the need for information about HAIs to inform quality improvement efforts. The EIP unit is moving ahead with sepsis and sepsis shock project and is recruiting 2-3 hospitals to help with the study. They will be looking at the following risk factors: adult and pediatric sepsis, demographic data, pathogens, infection status, and community vs. hospital onset rates.</p> <p>April Burdorf</p> <p>IPP has successfully completed 40 ICAR visits to outpatient dialysis facilities, ASCs, and long-term care facilities. Although most of the facilities have adequate or good infection prevention processes in place, many are in need of additional guidance and education in HAI prevention.</p> <p>Tamara Hoxworth</p> <p>Healthcare Worker Flu (HCW) reporting for 2015-2016 season is complete and the aggregate report will be available on the CDPHE website in the next couple months. There is now a Data Work Group that meets every two weeks to examine how to generate and organize existing data to improve patient care, assist in antimicrobial stewardship programs and further enhance HAI prevention.</p>	

<u>Action Items</u>	Discussion of Goals and directions of the committee SSIs and Reporting Criteria
<u>ADJOURNMENT</u>	Meeting adjourned at 3:47PM and the next meeting is scheduled for August 23, 2016